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Strategies for Delivering Difficult Health News

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View the entire course including any applicable handouts/resources. Complete a post-test assessment. You must score 80% or better on the post-test and complete the course evaluation to earn a certificate of completion for this activity. If required, Select Rehabilitation will report attendance to CE Broker.

ABOUT THE COURSE AUTHOR

Kari Brizendine, a Physical Therapist, is a graduate from Virginia Commonwealth University/Medical College of Virginia. An Education Specialist for Select Rehab, one of our nation's largest long-term care rehab providers, Kari has spent over 37 years working with the geriatric population in a multitude of clinical settings where she has been responsible for patient care, clinical programming, education and staff development. She is a Certified Wound Specialist through the American Board of Wound Management, a Certified Dementia Practitioner and Trainer through the National Council of Certified Dementia Practitioners, a Certified Montessori Dementia care Professional and She is LSVT Big Certified. Her predominant interest has been in serving those with dementia, their caregivers, healthcare providers and families, with the message that each person with dementia continues to have a life that matters and that quality is possible if we all join that person using his or her personal interests, residual skills and memories in what she calls "My Way". She is the co-author of *My Past is Now My Future: A Practical Guide to Dementia Possible Care* and author of *Though You Do not Know My Name I Know You Love me Just the Same*.

POST-TEST

1. The SPIKES acronym stands for which of the following?
 - a) Setting up, Perception, Invitation, Knowledge, Strategy
 - b) Setting up, Providing, Inciting, Knowledge, Source
 - c) Sitting, Providing, Instigating, Knowledge, Screening
 - d) None of the above

2. Which of the following describe the Jefferson Scale of Physician Empathy?
 - a) Involves an ability to understand
 - b) Quantifies empathy in the clinical setting
 - c) Focuses on the ability to understand and communicate with patients
 - d) All the above
3. According to Rosenweig, “bad news” is:
 - a) “Any improvement of mood during ADLs”
 - b) “Any information that changes the person’s view of the future in a negative way”
 - c) “Any news that makes a person despondent”
 - d) “Enhancement of unwanted behaviors”
4. Communication challenges can present from which of the following?
 - a) Lack of Training, unprepared by schooling
 - b) Lack of understanding of cultural diversity, language
 - c) Poor awareness of religious beliefs
 - d) All the above
5. The Breaking Bad News Attitudes Scale includes which of the following?
 - a) Answering the patient without inhibiting them
 - b) Assessing their perceptions about the prognosis
 - c) Establishing a trustworthy relationship
 - d) All the above

The post-test and corresponding course evaluation can be accessed at:
https://www.surveymonkey.com/r/Difficult_News_On_Demand

Or by using the following QR Code:



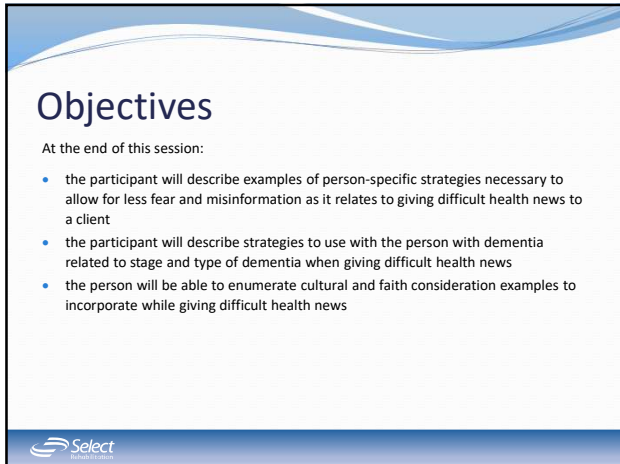
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Any questions or issues related to this course should be directed to Dr. Kathleen Weissberg, National Director of Education for Select Rehabilitation at kweissberg@selectrehab.com

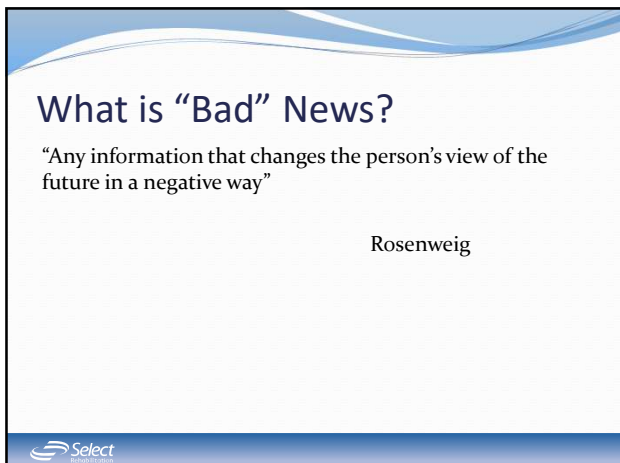
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Bad News

- Wide range of diagnoses
- Differing prognoses
- Patient and or family can perceive it as unfavorable
- Effects plans
- Effects hopes for the future
- What one person considers as bad news may not be bad news to another
- Can lead to emotional distress
- May cause confusion
- Will give feelings of loss and despair



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The Person Delivering the News

- Gender
- Race and ethnicity
- Area of interest
- Profession
- Experienced vs inexperienced



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Delivering Difficult Health News

- Often not well-assimilated into the caregiver role
- Lack of policy and procedure
- Lack of proper training
- Role not designated
- Failure to coordinate and communicate healthcare with team



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The Patient Perspective

- Deliverer is silent
- Deliverer ruminates
- Needed support present at the time of delivery
- Inadequate time spent delivering the bad news
- Incomplete information received
- Medical terms were used that the patient could not understand
- Downplayed the problem
- Not fully focused on me
- Lacked empathy



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Communication Challenges

- Deliverer has poor communication/social skills
- I didn't understand what I was being told
- I could not hear
- I was medicated



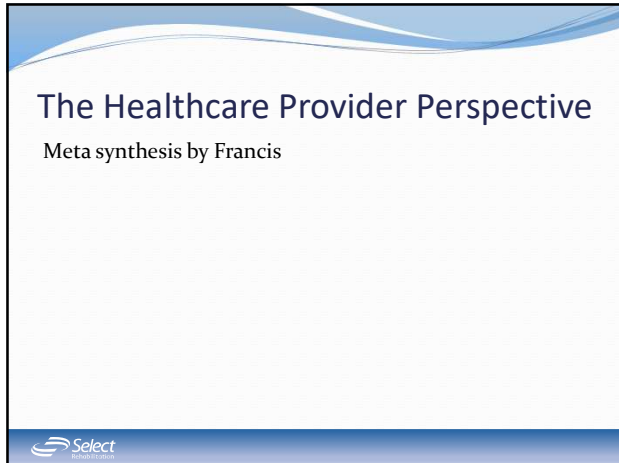
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The Healthcare Worker Perspective

- Delivering bad news is hard on me too
- Diagnosis related problems to receiving bad news
- Difficulty with unexpected reactions
- Attachment or nonattachment to client
- Guilt about "missing something important"
- Fear of saying the wrong thing
- Discerning positivity from realistic expectation
- Emotionally ill prepared
- Difficulty moving through tasks
- Fear that the bad news might be mismanaged



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The Healthcare Provider Perspective

Meta synthesis by Francis

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Healthcare Worker Experience

- Heart palpitations
- Fear
- Sadness
- Sweating
- Anxious
- Stressed
- Tired
- Personality changes

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Communication Challenges


- Lack of Training
- Lack of understanding of cultural diversity
- Poor awareness of religious beliefs
- Unprepared by schooling
- Don't know their language

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The Caregiver Perspective

- Burn out
- Needs not being met
- Grief
- Feelings of blame towards loved one
- Panic about their own future
- Blame for healthcare or person delivering the bad news



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Tools for Success


- Identify the need
- Protocols
- Guidelines
- Assessment tools
- Language apps
- Appropriate setting
- Effective communication techniques
- Self care



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Identify the Need


- Step up the communication skills
- Patient- centered
- Family- centered
- Taking into account religious, cultural and spiritual beliefs
- Ask patient what they know about their situation
- Must show empathy
- Must place importance on the delivery of bad news
- Should when possible, be in-person
- Best environment
- Timing
- Time to assess the given information
- Availability to answer questions through the process



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SPIKES acronym

- Setting up
- Perception
- Invitation
- Knowledge
- Emotions
- Strategy



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Sample Protocol SPIKES


Twofold Process

- Appropriate kind words
- Understandable terminology

Plus

- Assessing how the patient and family are reacting
- Assessing the degree of distress
- Subsequent tailoring of the information
- Move the patient and the family toward future plans that are realistic and hopeful

Rosenzweig




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Breaking Bad News Attitudes Scale

- Also known as the BBNAS
- Includes 15 items

1. Setting up the place
2. Answering the patient without inhibiting them
3. Assessing their perceptions about the prognosis
4. Establishing a trustworthy relationship
5. Patient's desire to discuss the case
6. Planning a strategy to communicate the bad news
7. Answering the patient's questions expressing support and respect
8. Goal proposal and follow up



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9. Encouraging the patient to express feelings and doubt
10. Informing the family about psychological support
11. Consider necessity of improvements on skills
12. Advisable to receive training
13. Empathy assists with communication
14. Personal interests in courses and training
15. Communication can be trained



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"One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient"

Frances W Peabody
The Care of the Patient



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Empathy

"a predominantly cognitive (rather than an affective or emotional) attribute that involves understanding (rather than feeling) of the patient's experiences, concerns, and perspectives, combined with a capacity to communicate this understanding, and an intention to help"


Hojat



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Jefferson Scale of Physician Empathy


- 20 item instrument
- 7- point scale, strongly disagree to strongly agree
- Involves an ability to understand
- Healthcare professionals, students
- Quantifies empathy in the clinical setting
- Focuses on the ability to understand and communicate with patients



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Jefferson Scale of Empathy Validation

- Scores 20-140
- Higher score indicates higher empathy



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Our Delivery Alters Course of Treatment



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Communication Tips

- Eye contact
- Relaxed arms
- Eliminate distractions
- Listen
- Avoid medical jargon
- Slow down
- Do not ruminate
- Set up the relationship well before there is a need to deliver difficult news
- Always circle back, follow up



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Hearing Impairment

- Get their attention with eye contact, a shoulder tap
- Repeat
- Rephrase
- Eliminate background noise
- Moderate pace
- Enunciate, speak distinctly
- Shorten sentences
- Raise your voice slightly
- Face directly so lips can be read
- Give written information
- Employ gestures
- Seek an interpreter
- Stand 3-6 feet from listener
- Provide good lighting
- Build breaks in the conversation
- Be patient



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Strategies for Someone with Dementia


- Consider stage of dementia
- Have a responsible party present
- Eliminate distractions
- Keep it simple
- Timing



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Faith-based Strategies

- Have faith- based articles available
- Clergy present if desired
- Be informed of religious-based beliefs, practices



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Cultural Strategies


- Have cultural-based articles available
- Be informed about cultural beliefs and practices
- Have a pre-planned way of meeting language barriers



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Support the Caregiver

The story of Lucy



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Self-care

- Counseling
- Exercise
- Hobbies
- Continuing education
- Support of peers
- Work toward Compassion



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